COF ANNU	PROFIT PORATION JAL REPORT 1997		Sandra I Secreta	RTMENT OF STATE 3. Mortham Iry of State CORPORATIONS	Jan 16		8:0	
	MENT # S503	89	(3)		3. Date Incorporated or Qualified 3a. Date of Last Report			
Principal Plac 490 DOTTEREI DELRAY BEAC US	LRD	490 C	iling Address) Dotterel RD LRAY BEACH FL 33444-2082					
					3. Date Incorporated or Qualif 05/01/1991		11e of Last H 30/1996	eport
 Principal P Principal P 	lace of Business	2a. M	ailing Address		4. FEI Number 65-0264362			oplied For of Applicable
Suite, Apt.	#, etc.	SL	uite, Apt #, etc		 Certificate of Status Desired 	ı 🗆	· · · · · · · · · · · · · · · · · · ·	Additional
City & Stat	e		ty & State		6. Election Campaign Financir		\$5.00	May Be
3 Zip	Country	28 Zij	p	Country	Trust Fund Contribution 8. This corporation has liability	for intangible	Added t tax under s	
4	25 9. Name and Address of Cu	29 rrept Begister	ed Agent	30	Florida Statutes 10. Name and Address of New	Yes 🖸	No No	
FRC	DST, IRWIN M.	in the second	su vigent	81 Name	10, name and Address of Net	v negistereu v	-yen	
801	BRICKELL AVE			82 Street Add	dress (P.O. Box Number is Not Acce	eptable)	<u></u>	
	T FLOOR MI FL 33131			83				
MIA								
	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607 State of Florida	1508, Florida Statut Such change was i	84 City es. the above-named cor authorized by the corpora	rporation submits this statement for ation's board of directors. I hereby a	FL the purpose of ccept the app		Code s registered registered
	Signature, typest or printed name of registere		plicabia. (NOT			the purpose of ccept the appo	changing it ointment as	s registered registered
11. Pursuant office or r agent 1 a SIGNATURE 12.	Signature, typed re-profed name of registers OF FICE RS	of agent and otte if ap	plicabia. (NOT	tes, the above-named co authorized by the corpora orida Statutes. E-Registered Agent signature req 13. 1.1 IRLE		the purpose of ccept the appo	changing it ointment as	s registered registered
11. Pursuant office or r agent 1 a SIGNATURE 12. ITTLE NAME	Signature, upped or printed name of register OFFICERS D WIGGINS, B. MICHAEL	of agent and otte if ap	plicable. (NƏT DRS	E: Registered Agent signature required to the source of th	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR	s registered registered IS IN 12
 Pursuant office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS 	Signature, typed re-profed name of registers OF FICE RS	of agent and otte if ap	nicatio. (NOT DRS	tes, the above-named co authorized by the corpora orida Statutes. E-Registered Agent signature req 13. 1.1 IRLE	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR	s registered registered IS IN 12
11. Pursuant office or r agent 1 a SIGNATURE 12. INTLE VAME STHEET ADDRESS DIY-ST-ZIP INTLE	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	plicable. (NƏT DRS	E: Flogistered Agent signature required to authorized by the corporation of the corporation of the corporation of the signature required agent sig	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR	s registered registered
11. Pursuant office or r agent 1 a SIGNATURE 12. INTLE IMME STREET ADDRESS DITY-ST-ZIP INTLE IMME	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	nicatio. (NOT DRS	E: Registered Agent signature record 13. 1.1 HTLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR Change	s registered registered IS IN 12
11. Pursuant office or r agent 1 a SIGNATURE 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	glic alao. (NOT PRS DELETE	E: The above-named con authorized by the corpora orida Statutes. E: Tegistered Agent signature req 13. 1 HITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR Change	s registered registered IS IN 12
11. Pursuant office or r agent 1 a SIGNATURE 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	nicatio. (NOT DRS	authorized by the corpora authorized by the corpora authorized by the corpora 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR Change	s registered registered IS IN 12
11. Pursuant office or r agent 1 a SIGNATURE 12. 11. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	glic alao. (NOT PRS DELETE	E: The above-named con authorized by the corpora orida Statutes. E: Tegistered Agent signature req 13. 1 HITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR Change	s registered registered IS IN 12
11. Pursuant office or r agent 1 a SIGNATURE 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14. 14. 14	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCT INTERNAL INTERNA	E: Registered Agent signature records 13. 1.1 HTLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	Changing it ointment as	s registered registered IS IN 12 Addition
11. Pursuant office or r agent 1 a SIGNATURE. 12. 171LE VAME STREEF ADDRESS CITY-ST-ZIP 171LE VAME STREEF ADDRESS CITY-ST-ZIP 171LE VAME STREEF ADDRESS CITY-ST-ZIP 171LE	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	glic alao. (NOT PRS DELETE	E: Registered Agent signature records 13. 1.1 HTLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS	uired when reinslating)	the purpose of ccept the appo	changing it ointment as DIRECTOR Change	s registered registered IS IN 12
 I1. Pursuant office or r agent 1 a SIGNATURE I2. ITTLE IAME STREET ADDRESS 	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCT INTERNAL INTERNA	E: Registered Agent signature required to authorized by the corporation of the corporatio	uired when reinslating)	the purpose of ccept the appo	Changing it ointment as	s registered registered IS IN 12 Addition
 I1. Pursuant office or r agent 1 a SIGNATURE I2. INTLE IAME STREET ADDRESS 	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCTALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE	Les. the above-named col authorized by the corpora orida Statutes. E: Flogistered Agent signature reco 13. 1 HTLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADORESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADORESS 3 4. CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	changing it changing it ointment as DIRECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
 Pursuant office or r agent 1 a SIGNATURE ITLE IAME STHEET ADDRESS STREET ADDRESS 	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCT INTERNAL INTERNA	Les. the above-named col authorized by the corpora orida Statutes. E: Flogistered Agent signature rece 13. 1 HTLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-2IP 2 1 TITLE 2 2 NAME 2 3 STREET ADORESS 2.4 CITY-ST-2IP 3 1 TITLE 3 2 NAME 3 3 STREET ADORESS 3.4 CITY-ST-2IP 4 1 TITLE 4 2 NAME 4 3 STREET ADORESS	uired when reinslating)	the purpose of ccept the appo	Changing it ointment as	s registered registered IS IN 12 Addition
 II. Pursuant office or r agent 1 a SIGNATURE IZ. ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE ITL	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCTALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE	tes. the above-named con authorized by the corpora orida Statutes. E: Flegistered Agent signature required 13. 1 HITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 NAME 2 3 STREET ADORESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADORESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADORESS 4 4 CITY-ST-ZIP 5 1 TITLE	uired when reinslating)	the purpose of ccept the appo	changing it changing it ointment as DIRECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
 Pursuant office or r agent 1 a SIGNATURE III. SIGNATURE III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS OITY-ST-ZIP III. STREFADDRESS STREFADDRESS STREFADDRESS STREFADDRESS STREFADDRESS STREFADDRESS STREFADDRESS STREFADDRESS 	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCTALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE	tes. the above-named con authorized by the corpora orida Statutes. E: Registered Agent signature rece 13. 1 HITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADORESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADORESS 3.4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADORESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	uired when reinslating)	the purpose of ccept the appo	changing it changing it ointment as DIRECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
11. Pursuant office or r agent 1 a SIGNATURE 12. 11. 12. 12	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCTALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE	Les. the above-named con authorized by the corpora orida Statutes. E: Registered Agent signature rece 13. 1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-SI-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4. CITY-SI-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-SI-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS	uired when reinslating)	the purpose of ccept the appo	changing it changing it ointment as DIRECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
11. Pursuant office or r agent 1 a SIGNATURE 12.	Signature, spector printed name of register OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E.	of agent and otte if ap	INCTALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE	tes. the above-named con authorized by the corpora orida Statutes. E: Registered Agent signature required 13. 1 HITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE	uired when reinslating)	the purpose of ccept the appo	changing it changing it ointment as DIRECTOR Change Change Change Change	s registered registered S IN 12 Addition Addition
11. Pursuant office or r agent 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed sepanded name of registra OFFICERS D WIGGINS, B. MICHAEL 51990 LEITNER DR E. CORAL SPRINGS FL	A spect at don't if ap	INCT ALAO. (NOT PRS DELETE DELETE DELETE DELETE DELETE DELETE	tes. the above-named col authorized by the corpora orida Statutes. E: Flegistered Agent signature record 13. 1 HITLE 1 2 NAME 1 3 STREET ADORESS 1 4 CITY-SI-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-SI-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-SI-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY-SI-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-SI-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-SI-ZIP	uired when reinslating)	DATE DATE DATE DATE DATE	changing it changing it ointment as DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition Addition Addition Addition